State of California—Health and Welfare Agency Form Approved OMB No. 2050 -0039 (Expires 9-30-88) Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS Department of Health Services Toxic Substances Control Division Sacramento, California WASTE MANIFEST 1. Generator's US EPA ID No. 3. Generator's Name and Mailing Address C AD 9 8 16 4 92 1 3 2. Page 1 Information in the shaded areas QUALITY FABRICATORS is not required by Federal law. A. State Manifest Document Number 87507046 21045 Osborne, Canoga Park, CA 4. Generator's Phone (818) 91304 709-8505 5 Transporter | Company Name B. State Generator's ID BETTERBILT CHEMICALS, US EPA ID Number C. State Transporter's ID 905083 Transporter 2 Company Name 9 8 1 68 6 24 9 D. Transporter's Phone 213) 949-0668 US EPA ID Number 9 Designated Facility Name and Site Address E. State Transporter's ID F. Transporter's Phone OMEGA RECOVERY SERVICES US EPA ID Number G. State Facility's ID 2504 E. Whittier Blvd. CAD042 245001 Whittier, CA 90602 H. Facility's Phone |C| AD |0 |4 | 22 |4 | 5 | 00 |1 11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 213) 698-0991 12. Containers 14. Unit Quantity WASTE, FLAMMABLE LIQUID N.O.S. UN1993 Туре Waste No. ENE State 214 R D001 State 0 EPA/Other State EFA/Other State J. Additional Descriptions for Materials Listed Above EPA/Other WASTE WASH THINNER K. Handling Codes for Wastes Listed Above 01 15. Special Handling instructions and Additional Information USE GLOVES & GOGGLES GEMERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping Generation 3 Centifications: I nereovided are the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimize my waste negetator, I have make a good. me which minimizes the present and future inreat to numbe nearth and the environment. On, it i am a small quantity generator, i have faith effort to minimize my waste generation and select the best waste management method that is available to me and that i can afford. Printed: Typed Name ETHI 17 Transporter I Acknowledgement of Receipt of Materials Month Day Year Printed Typed Name RICHARD SENTENO 18 Transporter 2 Acknowledgement of Receipt of Materials Day Printed Typed Name Signature 19 Discrepancy Indication Space Month Day A 20 Facility Owner or Operator Ce fication of regeipt of hazardous materials covered by this DHS 8022 A (1 87) Month Day (Rev. 9-86). Previous editions are obsolute TSUF SHOW THUS COPY INSTRUCTIONS ON THE BACK TO P.C. Box 3000 Speciments. IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1 800 424-8802, WITHIN CALIFORNIA CALL 1-800-852 7552